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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">09804004</div>	FILING DATE <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">03-12-01</div>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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